

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	CC jji	53 W30	10-31-01 3-21-02

INDEX OF CLAIMS

✓	Rejected	N	Non-elected	
=	Allowed	I	Interference	
—	(Through numeral)...	Canceled	A	Appeal
÷	Restricted	O	Objected	

Claim	Date						
Final	Original	5	6	7	8	9	10
		✓					
		✓					
1	(3)	✓	✓	✓	=		
2	4	✓	✓	✓	=		
3	(5)	✓	✓	✓	=		
		✓	✓	✓	✓	✓	
4	(7)	✓	✓	✓	c		
		✓					
5	10	✓	✓	✓	=		
6	11	✓	✓	✓			
7	12	✓	✓	✓			
8	13	✓	✓	✓			
9	14	✓	✓	✓			
10	15	✓	✓	✓			
11	17	✓	✓	✓	=		
		✓	✓	✓			
12	20	✓	✓	✓	=		
13	21	✓	✓	✓			
14	22	✓	✓	✓			
15	23	✓	✓	✓			
16	24	✓	✓	✓			
17	25	✓	✓	✓			
		✓	✓	✓			
18	27	✓	✓	✓	=		
		✓	✓	✓			
A	30	✓	✓	✓	=		
B	31	✓	✓	✓	=		
C	32	✓	✓	✓	=		
D	(33)	✓	✓	✓	=		
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Claim	Date				
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If more than 150 claims or 10 actions
staple additional sheet here